REV. 1/25/2019 FORM 54a

## CLIFFSIDE PARK SCHOOL DISTRICT CLIFFSIDE PARK, NJ

## **STAFF ABSENCE FORM**

Print: Employee Name			Employee signature	
PART A:	PERSONAL/SCHOOL BUSINESS		Today's Date:	
	ission to be excused from sted			
Vacation Days	·			
Personal Busir	uess*			
School Busine	SS**			
Funeral Day(s)	)***			
	-		a school holiday e Report if expenses are to be reimbursed	1
Principal's sig	nature	Supervisor	's signature (MS & HS only)	
Superintenden	t' signature	Approved Reason for		
PART B:	PERSONAL ILLNES	<b>SS</b> (doctor note required	d if five (5) or more consecutive days taken)	_
My absence(s)	on	Date(s)	was/were due to	C
I notified	01 01 	Reason n, at Date	Requesting: (Check or AM PM FU	 ne.) LL
Principal's sig	nature	Supervisor	's signature (MS & HS only)	

\*SUBMIT THIS FORM IN DUPLICATE\*